

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 26 AM 11:24

DOCUMENT # 811291

1. Corporation Name

Scor Life U. S. Re Insurance Company

2. Principal Office Address - No P.O. Box #

3900 Dallas Parkway

Suite, Apt. #, etc.

200

City & State

Plano, Texas

Zip

75093

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1956

5. FEI Number
75-6020048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)

200 East Gaines Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date January 06, 2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Yves Corcos	3900 Dallas Parkway, Ste. 200	Plano, Texas 75093
Sec	Maxine Verne	3900 Dallas Parkway, Ste. 200	Plano, Texas 75093
Trea	Roger Laxton	3900 Dallas Parkway, Ste. 200	Plano, Texas 75093
COO	Marc Cabrera	3900 Dallas Parkway, Ste. 200	Plano, Texas 75093
VP	Hiram Gonzalez	3900 Dallas Parkway, Ste. 200	Plano, Texas 75093

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/09

469-246-9651

Daytime Phone #